

CITY OF SEATTLE
DEPARTMENT OF EXECUTIVE ADMINISTRATION – SEATTLE ANIMAL CONTROL
DOG ADOPTION QUESTIONNAIRE

Name _____ Date _____
Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____

Thank you for considering adopting an orphan from our shelter. You will be making a 10-15 year commitment to the dog you adopt and our goal is to help make the best match possible for you and the orphaned dog you are interested in. The following questions will help us achieve that goal.

- 1) Do you currently live in a ☐House ☐Apartment ☐Condo ☐Other _____
2) Do you currently ☐Rent ☐Own ☐Lease the residence where you live?
3) How long have you lived at your current residence? _____

If not property owner, Seattle Animal Control has my permission to verify current pet policy

Landlord's Name _____ Phone Number (____) _____

- 4) How many adults live in your home? _____
5) How many children? _____ Ages _____
6) Does anyone in your household have allergies? ☐Yes ☐No
7) Who will be primarily responsible for the care of this dog? _____
8) Is this dog a gift? ☐Yes ☐No If yes, for whom? _____
9) What size of dog are you looking for? ☐Small ☐Medium ☐Large ☐Extra Large
10) What attracted you to the dog you are interested in? _____

11) Which of the following best describes your reasons for wanting this dog? (Check all that apply)
☐Companion ☐Guard Dog ☐Hunting ☐Breeding ☐Obedience Training
☐Search & Rescue ☐Agility ☐Jogging/Walking Buddy ☐Couch Warmer
12) How many hours will the dog be alone each day? _____
13) Where will the dog be kept when no one is home? _____
14) Where will the dog be kept at night? _____

15) Do you have a fenced yard? ☐ Yes ☐ No

16) How high is your fence? _____

17) Please list all of the pets you have had in the last 10 years including current pets, and those you no longer own

Breed	Age	Sex	Spayed/Neutered	Owned how long?	Does the pet still live with you? If not, what happened to him/her

18) If you have other pets, are their vaccinations current? ☐ Yes ☐ No

19) If you have other pets, are they currently licensed? ☐ Yes ☐ No

20) Do you have a regular veterinarian? ☐ Yes ☐ No Name _____

21) Under what circumstances would you **not** keep this dog?

22) How much do you expect to spend per year to care for this dog (vet, supplies, food, toys) _____

23) Please check the topics you would like our staff to discuss with you today

☐ Housetraining

☐ Indoor vs. Outdoor

☐ Separation Anxiety

☐ Chewing

☐ Introduction to other pets

☐ Crate Training

☐ Vaccines

☐ Vacation with/without pets

☐ Exercise requirements

☐ Animal Laws

☐ Dogs and kids

☐ Escaping

I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of an animal or, if an animal has been adopted to me, the return of that animal to Seattle Animal Control. I understand that all animals adopted from Seattle Animal Control must successfully pass a health and temperament screening and must be spayed or neutered before they are released from the shelter.

Signed _____ Date _____

Case Number _____ Reviewed by _____ Date _____